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## APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/420,559 10/23/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MI	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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## TITLE

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